



STRATOSPHERIC OZONE PROTECTION PROGRAM

CLASS I CONTROLLED SUBSTANCE
REPORT:
EXPORTER ANNUAL REPORT
(Sec 82.13(h) AND Sec 82.13(f)(3)(vi and ix))

SECTION 1 EXPORTING COMPANY IDENTIFICATION

1.1 Date of Submission		1.2 Number of Transactions Reported		1.3 Number of Pages Submitted	
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1.4 Year to Which This Report Applies:	Year _____
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1.5 Exporting Company Information

Company Name _____

Street Address _____

City	State	Zip Code
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1.6 Company Contact Identification

Reporting Company Contact Person	Phone Number	Fax Number
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1.7 Signature of Reporting Company Representative

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name _____

Title _____

Signature _____

Date _____

SEND COMPLETED FORMS TO:

Tracking System Program Manager
Global Programs Division
U.S. EPA (6205J)
1200 Pennsylvania Avenue, NW
Washington, DC 20460

Information in reports submitted in compliance with the final rule may be claimed as confidential. A company may assert a claim of confidentiality for information submitted by clearly marking that information as confidential. Such information shall be treated in accordance with EPA's procedures for information claimed as confidential at 40 CFR Part 2, Subpart B, and will only be disclosed by the means set forth in the subpart. If no claim of confidentiality accompanies the report when it is received by EPA, it may be made public without further notice to the company (40 CFR 2.203).

Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. Public reporting burden for this collection of information is estimated to average 16 hours per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR Part 9 and 48 CFR Chapter 15. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, OPPE Regulatory Information Division, U.S. Environmental Protection Agency (2137), 1200 Pennsylvania Avenue, NW, Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, NW, Washington, DC 20503, Attention: Desk Officer for EPA. Include the EPA ICR number and OMB control number in any correspondence. DO NOT SEND THIS FORM TO THE ABOVE ADDRESS. ONLY SEND COMMENTS TO THESE ADDRESSES.



U.S. Environmental Protection Agency

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SECTION 2 TRANSACTION RECORDS

(Reproduce additional sheets as needed)

2.1 Company Name

2.2 Transaction Summaries

TRANSACTION #			
Recipient Company Name		Street Address	
City	Country	Postal Code	<input type="checkbox"/> Article 5 Country
Company Contact Person		Phone Number	Fax Number
Commodity Code of Shipment		Quantity of Commodity Exported (kg)	
Class I Substance Exported		Quantity of Class I Substance Exported (kg)	
Date of Export (mm/dd/yy)	Port of Export from the U.S.	Exporter EIN Number from Customs Form 7525	
<input type="checkbox"/> Transformation		<input type="checkbox"/> Destruction <input type="checkbox"/> Article 5	

TRANSACTION #			
Recipient Company Name		Street Address	
City	Country	Postal Code	<input type="checkbox"/> Article 5 Country
Company Contact Person		Phone Number	Fax Number
Commodity Code of Shipment		Quantity of Commodity Exported (kg)	
Class I Substance Exported		Quantity of Class I Substance Exported (kg)	
Date of Export (mm/dd/yy)	Port of Export from the U.S.	Exporter EIN Number from Customs Form 7525	
<input type="checkbox"/> Transformation		<input type="checkbox"/> Destruction <input type="checkbox"/> Article 5	

TRANSACTION #			
Recipient Company Name		Street Address	
City	Country	Postal Code	<input type="checkbox"/> Article 5 Country
Company Contact Person		Phone Number	Fax Number
Commodity Code of Shipment		Quantity of Commodity Exported (kg)	
Class I Substance Exported		Quantity of Class I Substance Exported (kg)	
Date of Export (mm/dd/yy)	Port of Export from the U.S.	Exporter EIN Number from Customs Form 7525	
<input type="checkbox"/> Transformation		<input type="checkbox"/> Destruction <input type="checkbox"/> Article 5	



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SECTION 3 COMPANY EXPORT TOTALS

(Reproduce Additional Sheets as Needed)

3.1 Company Name

3.2 Transaction Summaries

Class I Substance

(Select only one below)

CFC-11	<input type="checkbox"/>	CFC-12	<input type="checkbox"/>	CFC-13	<input type="checkbox"/>	CFC-111	<input type="checkbox"/>	CFC-112	<input type="checkbox"/>	
CFC-113	<input type="checkbox"/>	CFC-114	<input type="checkbox"/>	CFC-115	<input type="checkbox"/>	Other CFC (please specify)	<input type="checkbox"/>			
HBFC (please specify)	<input type="checkbox"/>					Halon (please specify)	<input type="checkbox"/>			
Carbon Tetrachloride	<input type="checkbox"/>			Methyl Chloroform	<input type="checkbox"/>			CBM	<input type="checkbox"/>	

Country Exported To	Quantity of Class I Substance Exported (kg)